FORM 4 [See rule 11] CERTIFICATE OF REGISTRATION Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/0106

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority <u>Telangana State</u> hereby

grants registration to the Surrogacy Clinic named below for purposes of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of

28.02.2023 ending on 27.02.2026

(a) Name and address of the Surrogacy clinic: Institute of Women Health and Fertility

Plot No: 334, Aditya Nagar, Opp. JNTU, Kukatpally, Hyderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr L Kandula Radhika	DNB OBGYN	50859
2	Gynaecologist	Dr L Kandula Radhika	DNB OBGYN & Fellow of National Board in Reproductive Medicine	50859
3	Embryologist	Ms Radha Reddy Patlolla	Clinical Embryologist	

- (b) Type of institution (Government / Private): Private
- 2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.
- 3. Registration No. allotted TS/SC/106

Signature, Name and Designation of the Appropriate Authority

Date: 28.02.2023

Place: Hyderabad

Chair Person & State Appropriate Authority
Assisted Reproductive Technology (Regulation) Act &
Surrogacy (Regulation) Act, Telangana State

SEAL

Display one copy of this certificate at a conspicuous place at the place of business

*Strike out whichever is not applicable or necessary